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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No.		7517-10	
		Leffler, Charles E.	
Title	Mothad and Custom for Decalinating \		
		EV 040750404 U0	

(Only for new nonprovisio	nal applications under 37 CFR 1.53(b))	Expres	s Mail Label No.	EV 346	<u> 7531</u>	24 US	
APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application				
Foo Transmittal E	form (e.g., PTO/SB/17)	<del>-</del>		ashington,			<del>_</del>
1. (Submit an original and a	duplicate for fee processing)	7	CD-ROM or CD-R Computer Program	•		e table or	OF G
2. Applicant claims s See 37 CFR 1.27	small entity status.		cleotide and/or Amino	Acid Sequ	•	Submission	OUK.
Specification	[Total Pages 26]	(#	applicable, all necessa	• -	(005)	Č	S
3. (preferred arrangement - Descriptive title	t set forth below)	a.	Computer Reada		. ,	=	V
	ce to Related Applications	b.	Specification Sequence	•		1 5	, , , , , ,
•	arding Fed sponsored R & D		i. CD-ROM or CD-R (2 copies); or				
	equence listing, a table, program listing appendix		ii paper				
- Background of	the Invention	C.	c. Statements verifying identity of above copies				
<ul> <li>Brief Summary</li> <li>Brief Description</li> </ul>	of the Invention on of the Drawings ( <i>if filed</i> )		ACCOMPANYING	APPLI	CATIO	ON PARTS	
- Detailed Descri	iption	9.	Assignment Pape	rs (cover s	heet &	document(s))	
<ul> <li>Claim(s)</li> <li>Abstract of the</li> </ul>	Disclosure	10.	37 CFR 3.73(b) S		Г	Power of	
7.550.000001.010			(when there is an	• ,		☐ Attorney	
4. Drawing(s) (35 U	I.S.C. 113) [Total Sheets 12 ]	11.	English Translati		ent <i>(if a</i>	applicable) □ Copies of ID	16
5. Oath or Declaration	[ Total Pages 3 ]	12.	Information Discl Statement (IDS)/			Citations	,3
	uted (original or copy)	13.	Preliminary Ame				
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)			14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
named in	the prior application, see 37 CFR	16.	Nonpublication F				
1.63(d)(2) and 1.33(b).			(b)(2)(B)(i). Appli or its equivalent.		attach	form PTO/SB/3	35
6. Application Data	Sheet. See 37 CFR 1.76	17.	Other:		•••••	•••••	
18 If a CONTINUING APPLE	ICATION, check appropriate box, and sup	nhitha ran	wielte info-votion belov				4
or in an Application Data She	eet under 37 CFR 1.76:	piy irie req	uisite information belov	v and in a j	prelimi	nary amenome.	ent,
Continuation	Divisional Continuation-in-part (CIP)		of prior application No.:				
Prior application information:	Examiner:		Group Art Uni				
For CONTINUATION OR DIVIS	IONAL APPS only: The entire disclosure of t f the disclosure of the accompanying contin	ne prior app	dication, from which an	oath or dec	laration	n is supplied und	der
The incorporation can only be	relied upon when a portion has been inadve	rtently omit	visional application and ted from the submitted a	is nereby in application	ncorpo parts.	rated by referen	ice.
	19. CORRESPOND	ENCE ADI	DRESS				
Customer Number or Bar C	ode Label (Insert Customer No. or Atlach b	r code label h	or	Correspor	ndence a	ddress below	
Name	Michael K. Dixon						
	Akerman Senterfitt			,			
Address	222 Lakeview Avenue						
City	West Palm Beach	State	FL	Zip (	Code	33401	
Country	USA Tel	ephone	561 653 5000	Fa	эх	561 659 63	13
Name (Print/Type)	Michael K. Dixon	Red	istration No. (Attorne	ev/Agent)		46,665	$\overline{\ \ }$
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Signature	full k. W	_		Date	09/1	1/2003	_)

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PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
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## FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

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1.70	JUI	.uu

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Complet if Known				
Application Number				
Filing Date				
First Named Inventor	Leffler, Charles E.			
Examiner Name				
Art Unit				
Attorney Docket No.	7517-10			

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)	FEE CALCULATION (continued)				
Check Credit card Money Other None 3. ADDITIONAL FEES	3. ADDITIONAL FEES				
Deposit Account:					
Deposit Account 50-0951 Fee Fee Code (\$) Fee Description	Fee Paid				
Number 1051 130 2051 65 Surcharge - late filing fee or oath	T CE T AID				
Deposit Account Name  Akerman Senterfitt  1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet					
The Commissioner is authorized to: (check all that apply) 1053 130 1053 130 Non-English specification					
Charge fee(s) indicated below Credit any overpayments 1812 2,520 For filing a request for ex parte reexam	ination				
Charge any additional fee(s) during the pendency of this application 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month					
1. BASIC FILING FEE 1252 410 2252 205 Extension for reply within second month	h				
Large Entity Small Entity 1253 930 2253 465 Extension for reply within third month					
Fee Fee Fee Fee Description Fee Paid 1254 1,450 2254 725 Extension for reply within fourth month					
1001 750 2001 375 Utility filing fee 375.00 1255 1,970 2255 985 Extension for reply within fifth month					
1002 330 2002 165 Design filing fee 1401 320 2401 160 Notice of Appeal					
1003 520 2003 260 Plant filing fee 1402 320 2402 160 Filing a brief in support of an appeal					
1004 750 2004 375 Reissue filing fee 1403 280 2403 140 Request for oral hearing					
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceed	ding				
SUBTOTAL (1) (\$) 375.00   1452   110   2452   55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Fee from 5-0 Point 1501 1,300 2501 650 Utility issue fee (or reissue)					
Total Claims 34 -20** = 14 x 9 = 126					
Independent 3 - 3** = 0 x					
Multiple Dependent 190 190 190 190 Peutions to the Commissioner					
Large Entity   Small Entity					
Fee Fee Fee Fee Fee Pescription 1806 180 Submission of Information Disclosure S	tmt				
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20  8021 40 8021 40 Recording each patent assignment per property (times number of properties)					
1201 84 2201 42 Independent claims in excess of 3 1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))					
1203 280 2203 140 Multiple dependent claim, if not paid 1810 750 2810 375 For each additional invention to be					
1204 84 2204 42 ** Reissue independent claims examined (37 CFR 1.129(b))	<u> </u>				
1305 40 Coop of the coop of th	CE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1802 900 1802 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 126.00 Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	0				

SUBMITTED BY

Name (Print/Type)

Michael K. Dixon

Registration No. (Attorney/Agent)

Signature

(Complete (if applicable)

Telephone 561 653 5000

Date 9/11/03

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